

**Harleysville Veterinary Hospital**  
**391 Main Street**  
**Harleysville, PA 19438**  
**215-256-4664**

Patient's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

**Dental Procedure Consent Form**

I am admitting my pet for a dental prophylaxis which is performed under general anesthesia. Sometimes during examination, teeth are found which are the cause of a current medical problem or found to be damaged in a manner which is likely to cause a medical problem or discomfort in the future. In such cases extraction of diseased teeth are in the animal's best interest. I understand that tooth extraction may increase anesthetic time and cost. My questions and concerns have been sufficiently answered by the staff.

I authorize the removal of damaged or problematic teeth as deemed appropriate by my veterinarian. I also understand that animals over the age of seven years will have pre-anesthetic blood work done.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Surgery and Anesthesia Consent Form**

Anesthesia and surgery have inherent risks. Some animals may have unpredictable adverse reactions during anesthesia and/or recovery.

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent. I understand that surgical complications may incur additional charges. I also understand that animals over the age of seven years will have pre-anesthetic blood work done. My questions and concerns have been sufficiently answered by the staff.

I hereby authorize the performance of the following procedure(s): \_\_\_\_\_

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical, dental (including removing retained baby teeth) and therapeutic procedures as you determine to be indicated.

**Lump Removal: Should Biopsy sample be sent out for analysis?**     Yes     No     Dr. to determine

**My pet is currently taking the following medication(s)** \_\_\_\_\_

**The last dose was given on (date and time)** \_\_\_\_\_

**Grooming Sedation/Anesthesia Form**

We will make every attempt to manage the grooming needs of your pet without the use of sedation/anesthetics, but sometimes a pet's anxiety level makes that impossible. If chemical restraint is necessary to complete the grooming procedure, I understand there will be an additional fee added to the routine grooming charge.

I agree to indemnify and hold Harleysville Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

**I understand that full payment for services performed is expected at time of pick up. I will render payment in the form of:**

Cash     Check     Debit Card     Master Card     Visa     Discover     Care Credit

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date